

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) ▼

PO BOX 550

ONE PARK PLAZA

☐ Check if different than previously reported. (ACC)

NASHVILLE

TN

37203

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00067231

3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only) ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only) ☐ Apr 20 (M4) ☒ Jul 20 (M7) ☐ Oct 20 (M10) ☐ Jan 31 (YE)(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of(d) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period 06 / 01 / 2016 through 06 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Anderson

Signature of Treasurer

David Anderson

[Electronically Filed]

Date

07 / 13 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y Y
06		01		2016

To:

M M	/	D D	/	Y Y Y Y Y Y
06		30		2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																		
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="6">2016</td></tr></table>	Y	Y	Y	Y	Y	Y	2016							<table><tr><td colspan="6">569697.97</td></tr></table>	569697.97					
Y	Y	Y	Y	Y	Y															
2016																				
569697.97																				
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="6">477527.77</td></tr></table>	477527.77																		
477527.77																				
(c) Total Receipts (from Line 19)	<table><tr><td colspan="6">11446.98</td></tr></table>	11446.98						<table><tr><td colspan="6">27443.00</td></tr></table>	27443.00											
11446.98																				
27443.00																				
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="6">488974.75</td></tr></table>	488974.75						<table><tr><td colspan="6">597140.97</td></tr></table>	597140.97											
488974.75																				
597140.97																				
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="6">10000.00</td></tr></table>	10000.00						<table><tr><td colspan="6">118166.22</td></tr></table>	118166.22											
10000.00																				
118166.22																				
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="6">478974.75</td></tr></table>	478974.75						<table><tr><td colspan="6">478974.75</td></tr></table>	478974.75											
478974.75																				
478974.75																				
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="6">0.00</td></tr></table>	0.00																		
0.00																				



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9776.82	19668.48
(ii) Unitemized	1670.16	7774.30
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	11446.98	27442.78
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11446.98	27442.78
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.22
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	11446.98	27443.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	11446.98	27443.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.22
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.22
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	118166.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	118166.22
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	118166.22

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	11446.98	27442.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11446.98	27442.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.22
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 16

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Jennifer Alderter

Mailing Address 6708 E 165th Ct

City State Zip Code
 Brighton CO 80602

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Suburban Medical Center

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.82

Date of Receipt

06 / 23 / 2016

Transaction ID : SA11AI.33966

Amount of Each Receipt this Period

363.82

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Ralph Aleman

Mailing Address 2640 N Carnoustie Loop

City State Zip Code
 Lecanto FL 34461

FEC ID number of contributing
federal political committee.

C

Name of Employer

Citrus Memorial

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

06 / 20 / 2016

Transaction ID : SA11AI.33943

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Alisa Bert

Mailing Address 510 NW 84th Ave Apt 530

City State Zip Code
 Plantation FL 33324

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aventura Hosp & Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

06 / 20 / 2016

Transaction ID : SA11AI.33951

Amount of Each Receipt this Period

485.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1334.22

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Karen Bibbo

Mailing Address 20900 Biscayne Blvd

City State Zip Code
 Aventura FL 33180

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aventura Hospital

Occupation

CNO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33930

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Tim Bode

Mailing Address 3625 University Blvd

City State Zip Code
 Jacksonville FL 32216

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33949

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Joseph Corcoran

Mailing Address 507 West Davis Blvd

City State Zip Code
 Tampa FL 33606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandon Regional

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33948

Amount of Each Receipt this Period

485.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1309.95

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Mason Deal

Mailing Address 119 Oakfield Drive

City State Zip Code
 Brandon FL 33155

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandon Regional

Occupation

Assist. Admin.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33940

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Elizabeth Durrence

Mailing Address 14511 Martinmeadow Dr

City State Zip Code
 Lithia FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandon Regional Hospital

Occupation

COO/ECO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33939

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Bland Eng

Mailing Address 16308 Dunlindale Drive

City State Zip Code
 Lithia FL 33547

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brandon Regional

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33924

Amount of Each Receipt this Period

970.70

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1941.10

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Julie Galvano

Mailing Address 1808 97th Street NW

City	State	Zip Code
Bradenton	FL	34209

FEC ID number of contributing federal political committee.

C

Name of Employer

Blake Medical Center

Occupation

Director, Physician Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

242.45

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11AI.33952

Amount of Each Receipt this Period

242.45

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Robert Grace

Mailing Address 893 Bluff View Dr

City	State	Zip Code
Myrtle Beach	SC	29579

FEC ID number of contributing federal political committee.

C

Name of Employer

Grand Strand Reg Med Ctr

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	20	/	2016

Transaction ID : SA11AI.33938

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Scott Hankinson

Mailing Address 1431 SW 1st Ave

City	State	Zip Code
Ocala	FL	34471

FEC ID number of contributing federal political committee.

C

Name of Employer

Ocala Regional

Occupation

CFO-OHS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	23	/	2016

Transaction ID : SA11AI.33957

Amount of Each Receipt this Period

485.20

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1067.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Bret G. Kolman

Mailing Address 95 Judge Tanner Blvd

City State Zip Code
 Covington LA 70433

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lakeview Regional Med Ctr

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

727.95

Date of Receipt

MM / DD / YYYY
 06 / 23 / 2016

Transaction ID : SA11AI.33962

Amount of Each Receipt this Period

727.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. George Mavros

Mailing Address 6 Byrsonima Court W

City State Zip Code
 Homosassa FL 34446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Citrus Memorial Hospital

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

MM / DD / YYYY
 06 / 20 / 2016

Transaction ID : SA11AI.33941

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Stephanie McNulty

Mailing Address 6500 38th Avenue N

City State Zip Code
 St. Petersburg FL 33710

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Petersburg General Hosp

Occupation

COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

MM / DD / YYYY
 06 / 20 / 2016

Transaction ID : SA11AI.33956

Amount of Each Receipt this Period

339.55

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1407.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 16

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Edward Nast

Mailing Address 11375 Cortez Blvd

City State Zip Code
 Brooksville FL 34613

FEC ID number of contributing federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

CMO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

485.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33928

Amount of Each Receipt this Period

485.20

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Kathleen Pace

Mailing Address 235 Fiesole St

City State Zip Code
 Venice FL 34285

FEC ID number of contributing federal political committee.

C

Name of Employer

Doctors Hospital

Occupation

healthcare

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33925

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Matthew Romero

Mailing Address 19484 Autumn Oak Lane

City State Zip Code
 Brooksville FL 34613

FEC ID number of contributing federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

682.30

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33927

Amount of Each Receipt this Period

582.30

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1407.05

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 16
 (check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. Chuck Schwaner

Mailing Address 1198 Bayshore Drive

City State Zip Code
 Englewood FL 34223

FEC ID number of contributing
federal political committee.

C

Name of Employer

Doctors of Sarasota

Occupation

CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

339.55

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33923

Amount of Each Receipt this Period

339.55

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Mickey Smith

Mailing Address 11375 Cortez Blvd

City State Zip Code
 Brooksville FL 34613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oak Hill Hospital

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

970.70

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 20 / 2016

Transaction ID : SA11AI.33926

Amount of Each Receipt this Period

970.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1310.25

9776.82

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. BILLY LONG FOR CONGRESS

Mailing Address 3246 E RIDGEVIEW ST

City	State	Zip Code
SPRINGFIELD	MO	65804

Purpose of Disbursement
fund raiser

Candidate Name

BILLY MR. LONGOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

Transaction ID : SB23.33981

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City	State	Zip Code
SAN ANTONIO	TX	78292

Purpose of Disbursement
fund raiser

Candidate Name

JOAQUIN MR. CASTROOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 20

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2016

Transaction ID : SB23.33976

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City	State	Zip Code
LAS VEGAS	NV	89136

Purpose of Disbursement
fund raiser

Candidate Name

JOE HECKOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NV District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	06	/	2016

Transaction ID : SB23.33989

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOHN MCCAIN INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
fund raiser

Candidate Name

JOHN S MCCAIN

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: AZ District: 00

Transaction ID : SB23.33970

Amount of Each Disbursement this Period

2000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. HAL ROGERS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Mailing Address P.O. BOX 1214

City	State	Zip Code
SOMERSET	KY	42502

Purpose of Disbursement
fund raiser

Candidate Name

HAROLD DALLAS ROGERS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: KY District: 05

Transaction ID : SB23.33979

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. KAINE FOR VIRGINIA

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2016

Mailing Address 2106 HAMILTON STREET SUITE C

City	State	Zip Code
RICHMOND	VA	23230

Purpose of Disbursement
fund raiser

Candidate Name

TIMOTHY MICHAEL KAINE

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: VA District: 00

Transaction ID : SB23.33977

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

HCA INC. GOOD GOVERNMENT FUND

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 16 OF 16

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)

A. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City	State	Zip Code
PTTSBURGH	PA	15234

Purpose of Disbursement
fund raiser

Candidate Name

TIMOTHY MURPHYOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

Transaction ID : SB23.33985

Amount of Each Disbursement this Period

1500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WALDEN FOR CONGRESS INC

Mailing Address PO Box 1091

City	State	Zip Code
Hood River	OR	97031

Purpose of Disbursement
fund raiser

Candidate Name

GREGORY P WALDENOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: OR District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		06		2016

Transaction ID : SB23.33974

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

10000.00
